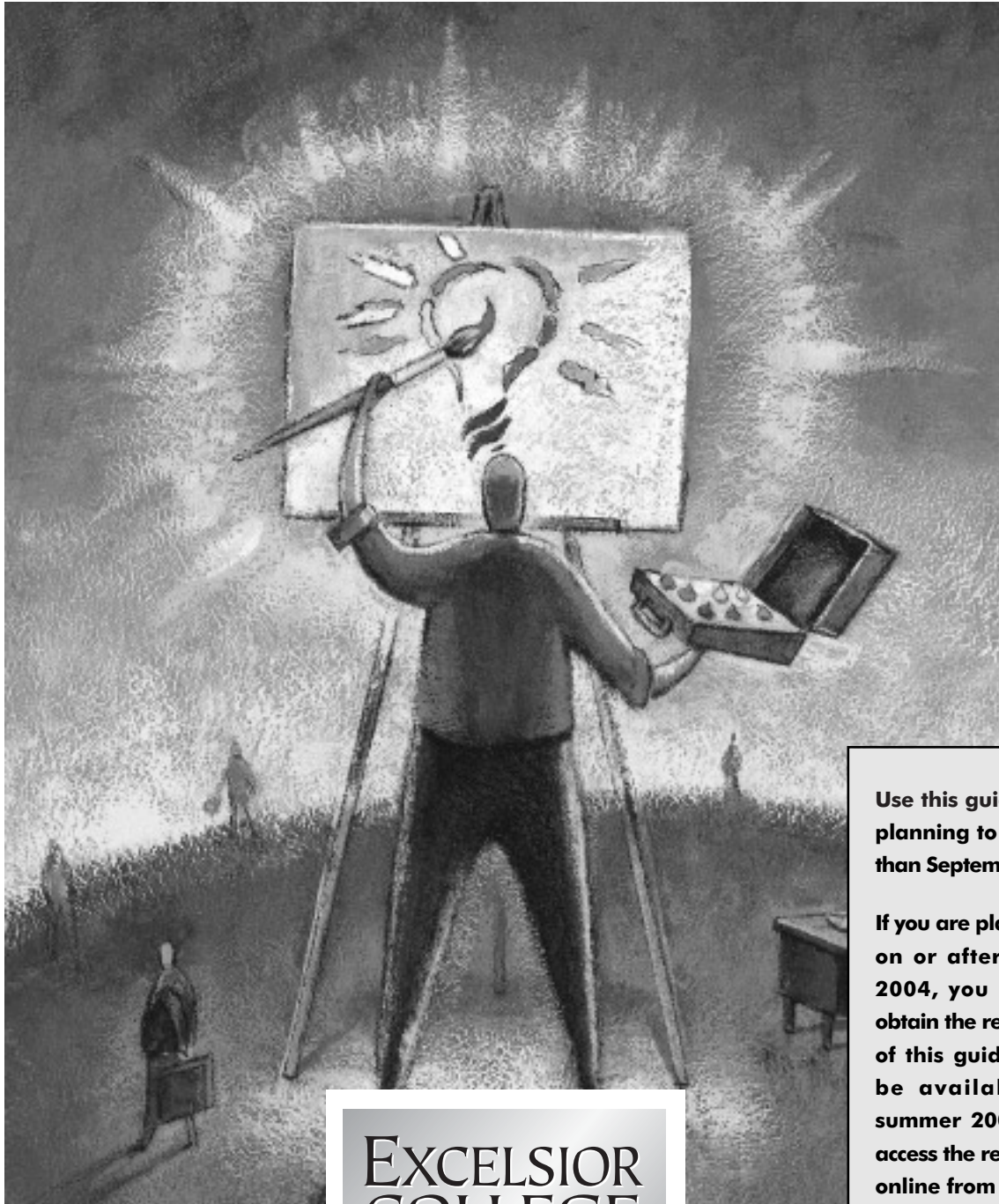


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## Excelsior College Examination Content Guide for **Foundations of Gerontology**



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\* Content guides for the following Excelsior College Examinations for the Associate Degree in Nursing are available to Excelsior College students only: Nursing Concepts 3; Nursing Concepts 4; Nursing Concepts 5; Nursing Concepts 6; or Nursing Concepts: Foundations of Professional Practice. If you require these Associate Degree in Nursing examinations for transfer to another institution, please contact that institution for the testing code you need to request materials or register for these examinations.

# Important information to help you prepare for this Excelsior College Examination

## General Description of the Examination

The Excelsior College Examination in Foundations of Gerontology is based on material usually taught in a one-semester, introductory course in gerontology.

The examination tests for knowledge and understanding of the biological, psychological, and social aspects of aging. It measures the ability to describe, understand, and analyze issues pertaining to the functioning and well-being of older people. In addition to a knowledge base, you will be expected to have an awareness of the needs and realities involved in the aging process and the implications of population aging for society. Emphasis is placed on both typical aspects of aging and problems associated with aging. The content of the examination is multidisciplinary in nature and covers theories, concepts, empirical patterns, and their implications for policy and practice.

Unless otherwise specified, all of the questions on the examination refer to the situation of older people in the United States today. In addition, the term “older people” refers to persons age 65 and older. This information is not repeated in individual questions.

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Important Concepts of Gerontology	10%
II. Demography of Aging: Trends and Projections	12%
III. Biology and Physical Health	17%
IV. Psychology and Mental Health	14%
V. Sociology	14%
VI. Economics, Work, and Retirement	14%
VII. Political Behavior and Public Policy	14%
VIII. Death and Dying	5%
Total	100%

## ■ Uses for the Examination

Excelsior College, the test developer, recommends granting three (3) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

## ■ Examination Length and Scoring

The examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. The pretest questions are embedded throughout the exam, and they are indistinguishable from the scored questions. It is to your advantage to do your best on all of the questions. You will have three (3) hours to complete the examination. Scores are based on ability level as defined in the item response theory (IRT) method of exam development and scoring, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

## ■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®\* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. All questions regarding international administration of the examinations should be directed to the Test Administration office at Excelsior College. This office is also responsible for considering requests for exceptions such as reasonable accommodations for those with disabilities.

## ■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,\* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience. Instructions provided on screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial from the Excelsior College Web site ([www.excelsior.edu](http://www.excelsior.edu)).

### For your benefit:

## A WORD OF CAUTION About Test Preparation and Tutorial Services

There are tutorial and test preparation services and for-profit publishing companies that claim they can assist you with passing Excelsior College Examinations or in earning an Excelsior College degree. They may imply an affiliation with the College and may allege that their materials or services will provide you with a special advantage in passing Excelsior College Examinations or in completing Excelsior's degree requirements. Despite such representations, the materials and services offered by these organizations usually do not provide any special advantage and often do not accurately reflect the current content of Excelsior College Examinations. Many of these organizations will charge you hundreds, even thousands, of dollars for the same services you can receive directly from Excelsior College—services that are included in the fees you pay as an enrolled student.

Excelsior College is headquartered in Albany, New York, where our admissions counselors and academic advisors offer assistance and support to our students. Additionally, our School of Nursing has a network of Regional Performance Assessment Centers where Excelsior College representatives help nursing students and administer the College's clinical performance examinations. We do not have branch offices.

Make sure your dollars and time are spent wisely: come directly to the source for your Excelsior College degree. If you are approached by or are considering using a company or organization to help you earn your degree or take an examination, check with us first to find out if the services or materials offered are endorsed or recognized by Excelsior College. If they are not endorsed or recognized by us, you cannot be assured that their services and materials reflect the quality and accuracy of those available directly from Excelsior. Contact our Admissions Office at 888-647-2388 or via email at [admissions@excelsior.edu](mailto:admissions@excelsior.edu).



# How to Study with Excelsior College Examinations Content Guides

A committee of faculty determines the content to be tested on each Excelsior College Examination. Committee members are teaching faculty and practicing professionals in the field covered by the exam. Excelsior College Assessment Unit staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we pay special attention to ensuring that the language used in the exams and related materials is consistent, professional, and user friendly. Assessment Unit editorial staff are responsible for systematic quantitative and qualitative reviews that address not only accuracy and clarity but compliance with conventions of bias-free language usage.

## How Long Will It Take Me to Study?

Each Excelsior College Examination is a means to document that you have learned material comparable to the content of one or more college-level courses. To prepare, you should study and review just as you would if you were taking a college course. Remember, as an independent student, you are acting as your own teacher.

To fully prepare for an Excelsior College Examination requires self-direction and discipline. Be certain to allow sufficient time for both study and review. Study is an in-depth activity involving careful reading and reflection and systematic review. When planning how much time to spend preparing for your examination, consider the time needed both to attend class and to study at home for the equivalent college course(s). College professors advise that in each week of the semester, you should plan on spending three hours studying for every semester hour of credit you will be earning. For example, for a three-credit course, you can expect to study for nine hours in each week of a 15-week semester. Use this system to determine how much time you should plan to spend studying and reviewing for your Excelsior College Examination.

## The Content Outline

At the core of each ECE content guide is a highly detailed content outline. It is important that you structure your study using this content outline along with the recommended resources. If you encounter topics in the content outline that are not covered in the resource you

are using, you should supplement your study with one of the additional resources.

The first piece of the content outline for a multiple-choice examination is a content/percent chart that shows the relative importance of each major content area to your learning. These weightings may be useful to you as you allocate your study time. Most of the content outlines contain many examples to illustrate the types of information you should be studying. Although these examples are very numerous, you should not assume that everything on the exam will come from these examples only. Conversely, you should not expect that every detail you have studied will be directly tested on the exam. Any exam is only a broad sample of all the questions that could be asked about a given subject matter.

## Using the Textbooks and Other Study Resources

Every Excelsior College Examination has recommended books, which may be regular college textbooks, primary and secondary source materials, or publications prepared especially by Excelsior College staff to support your exam preparation. At times, audiovisual materials or journal articles are among the recommended resources. A category for Additional or Other Resources is sometimes used to list resources that may provide clarification for some of the topics on the content outline or provide enrichment in areas of interest. Check individual listings to determine how many of the resources you should expect to use. The textbooks in each category are listed in alphabetical order, not in order of preference. Many of our content guides provide a brief description of the materials that may assist you in choosing among alternatives.

If a group of the resources is designated as a guided learning package, it will be to your advantage to use the entire package. You will have a coherent course of study to follow in preparation for your exam, and you will save money over purchasing the materials individually. An integral part of each guided learning package is the course guide, prepared by Excelsior College distance learning specialists in collaboration with the test developers. Excelsior College course guides may be purchased only from the Excelsior College Bookstore. Do not confuse these with study guides sold by other publishers.

You should be an active reader of the textbook material. For example, you should preview or survey each chapter; highlight or underline text you believe is important; write questions or comments in the margins; and try to determine how what you are reading relates to the chapter title, section headings, and other organizing elements of the textbook. The more active and involved you are when you study, the more likely you will be to retain the information and be able to understand and appropriately apply it.

You may find it helpful to study with a partner or a small group. Some textbook publishers sell workbooks or study guides to accompany their texts. If the committee developing your examination has evaluated such workbooks, you will find them listed in the content guide. Some students also find it helpful to review notes that they have recorded on cards or audiotapes.

When you feel confident that you understand a content area, review what you have learned. Review involves taking a second look at the material to evaluate how well you have learned it. If you have a study partner, you can review by explaining the content to your partner. Review questions often provided at the end of textbook chapters may be helpful for partner or individual study, as well.

### **Using the Sample Questions and Rationales**

For each multiple-choice examination, sample questions are provided. These sample questions illustrate those typically found on the particular examination. The order in which the questions are presented generally corresponds with the presentation of their main idea or topic in the content outline. Sample questions are also provided for the extended response (essay) exams. The sample questions are not intended to be a readiness or diagnostic test.

In the last pages of this guide, you will find the answers (keys) to all multiple-choice sample questions, along with rationales explaining why the key is the correct answer and what is wrong with the other answer choices. In addition, each question is referenced to the content outline. Especially if you chose one of the wrong answers, you may want to return to its section of the content outline for additional study.

### **On the Day of Your Exam**

Do yourself some favors: arrive at the test site rested and prepared to concentrate for an extended period. Be sure to allow sufficient time for travel, for parking, and for locating the test center. Practice healthy eating and stress control. Dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit. Be prepared for possible variations in temperature at the test center due to changes in the weather or energy conservation measures. Bring your IDs and ATT letter and some pencils and pens, but otherwise, don't weigh yourself down with belongings that will have to be kept in a locker during the test.

### **Academic Honesty**

Remember, professional ethical principles and the Excelsior College academic honesty policy both assume that your work is your own, that you will not cheat, plagiarize, copy, steal, or otherwise acquire or distribute the College's intellectual property. While the temptation may be strong to jot down what you remember of questions on your exam and share your memories with your friends, or to search out Web sites or study guides where other test takers or publishers have posted what they allege to be questions (with or without proposed answers) from Excelsior College Examinations, you owe it to yourself to resist. Regardless of whether you are caught, your grade and your professional credentials will always be tainted if you know that they were awarded based on false information about What You Know.

### **Academic Honesty Nondisclosure Statement**

Beginning April 2003, all test takers must agree to abide by the terms of the Excelsior College Academic Honesty Policy before taking an exam. The agreement will be presented on screen at Prometric prior to the start of your exam. By accepting the terms of the agreement, you will be able to proceed with your exam. If you choose not to accept the terms of this agreement, your exam will be terminated, and you will be required to leave the testing center. You will not be eligible for a refund.

# Content Outline

## **I. Important Concepts of Gerontology (10%)**

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### **A. Definition of gerontology**

1. The importance of gerontology
2. Study of aging as a normal developmental process over the life span
3. Study of aging from a societal perspective
4. Gerontology as a multidisciplinary field of study
5. Gerontology as a professional field: development and current status

### **B. Definitions of aging**

1. Chronological aging
2. Biological aging
3. Functional aging
4. Psychological aging
5. Sociological aging

### **C. Variables involved in the aging process — similarities and differences**

1. Intrinsic, age-related effects (for example: genetics, physiological changes, susceptibility to illness)
2. External, reactive effects (for example: social, cultural, and personal expectations)
3. Cohort effects: age differences vs. age change

### **D. Ageism**

1. Definition and identification
2. Myths, stereotypes, and misconceptions concerning aging
  - a. Sources
  - b. Impact

### **E. Research issues**

1. Cross-sectional vs. longitudinal designs
2. Validity and reliability of findings

## **II. Demography of Aging: Trends and Projections (12%)**

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### **A. Population age structure (for example: numbers and percentages of older people, life expectancy, mortality, fertility, dependency ratio, population pyramid)**

1. Cross-cultural similarities and differences
2. Historical views of aging and impact of modernization

### **B. Description of the older population and comparison across age groups**

1. Demographic characteristics (for example: sex ratio, race, geographic location, mobility)
2. Social characteristics (for example: marital status, housing and living arrangements, education, income and poverty, labor force participation)
3. Health characteristics (for example: general patterns of acute and chronic illness, functional health, institutionalization, those over 85)

### **C. Sources of variation within the older population — implications for policy and programs**

1. Cohort differences (for example: baby boom)
2. Age differences (for example: young-old vs. old-old)
3. Gender differences (for example: income, marital status, housing and living arrangements)
4. Racial and ethnic differences (for example: health and longevity, income, family, multiple jeopardy)
5. Locational differences (for example: urban, suburban, rural, and states)
6. Other groups (for example: homosexuals, prisoners, developmentally disabled, homeless)

### **III. Biology and Physical Health (17%)**

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#### **A. General considerations**

1. Universality of aging
  - a. Cells, animals, plants, microbes, chemical, nonliving
  - b. Senescence as end stage of aging
  - c. Inter- and intraindividual differences in senescence; commonalities in aging
2. Life span/life expectancy
3. Length of life and relationship to physiological parameters (for example: body weight, brain weight, DNA repair rate)
4. Aging vs. disease
5. Aging in populations

#### **B. Age changes**

1. Physiological vs. chronological
2. Control systems: nervous, endocrine, immune
3. Sensory systems
  - a. Internal (for example: stretch and pressure, chemical)
  - b. External (for example: vision, hearing, pressure, pain, taste, smell)
4. Structural systems: bone, muscle, skin
5. Other organ systems: cardiovascular, respiratory, gastrointestinal, reproductive, urinary

#### **C. Theories of aging**

1. Genetic program
  - a. Hayflick cellular clock
  - b. Gene coding for specific changes
2. Wear-and-tear
3. Cellular garbage and free radical
4. Error
5. Stress-induction
6. Immunity-autoimmunity and autoaggressiveness
7. Somatic mutation and radiation
8. Brain-endocrine aging

- D. Factors affecting aging and/or senescence (for example: nutrition, stress, exercise, lifestyle, substance abuse, genetics, radiation)

#### **E. General concepts of health**

1. Definition of health: World Health Organization definition, objective health, subjective health, functional health
2. Chronic vs. acute disease
  - a. Distinction
  - b. Relationship to age
  - c. Incidence in older people
3. Presence of multiple chronic conditions

#### **F. Causes of illness and death among older people**

1. Major diseases (for example: arteriosclerosis, arthritis, cancer, cardiovascular disease, cerebrovascular disease, diabetes)
2. Stress-induced causes (for example: alcoholism, suicide)

#### **G. Psychosocial effects of illness**

1. Disability, excess disability, and impact on lifestyle
2. The sick role and secondary gains
3. Coping mechanisms
4. Potential impact on family
5. Value dilemmas

#### **H. Health care: Awareness and attitudes about health care; availability, accessibility, and use and effectiveness of health care**

1. Prevention (for example: nutrition, drugs and interactions, physical activity, smoking, knowledge and beliefs about health, life satisfaction)
2. Community-based services (for example: health maintenance organizations, geriatric screening teams, visiting nurses, in-home services, informal network of care)



## **I. Institutional care**

1. Levels of care
2. Causes of institutionalization
3. Psychological effects of institutionalization
4. Trends
5. Quality of care

## **IV. Psychology and Mental Health (14%)**

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### **A. Cognitive functioning in later life**

1. Reaction time/psychomotor performance (for example: physiological correlates, individual variations, impact of exercise)
2. Learning and memory
  - a. Information processing
    - (1) Conditions affecting the learning of older people (for example: pacing, motivation, anxiety, disease)
    - (2) Age differences and learning ability
    - (3) Cautiousness vs. rigidity
  - b. Short- and long-term memory: continuity and change
  - c. Implications for life-long learning
3. Intellectual ability
  - a. Measurements of intelligence (for example: classic cross-sectional vs. longitudinal studies)
  - b. Factors affecting intelligence (for example: health, education, cohort differences, activity patterns)
4. Creativity: needs and abilities

### **B. Personality — continuity and change**

1. Definition, types, and measurement of personality
2. Factors affecting personality (for example: personal resources, cognitive abilities, self-concept, physical status, sense of control, social competence)

3. Theories of personality
  - a. Psychoanalytic viewpoint
  - b. Erikson: psychosocial development
  - c. Havighurst: developmental tasks
  - d. Peck: developmental tasks

### **C. Measures of well-being**

1. Dimensions of successful aging (for example: life satisfaction, morale, self-esteem)
2. Theories (for example: disengagement vs. activity, exchange)
3. Correlates and predictors

### **D. Mental health and aging**

1. Psychopathology in later life
  - a. Affective disorders (for example: major depression)
  - b. Cognitive disorders
    - (1) Reversible vs. irreversible brain disorders (for example: acute disorders vs. dementias; causes, symptoms, progression, and treatment of organic disorders)
    - (2) Differentiation between dementia and depression
  - c. Other disorders (for example: functional, anxiety, paranoid, somatization, substance abuse)
2. Social factors affecting the mental health status of older people
  - a. Situational (for example: socioeconomic status, marital status, specific life events)
  - b. Social breakdown syndrome, labeling
  - c. Stress and coping
3. Approaches to mental health intervention
  - a. Psychotherapies (for example: group, activity, milieu, reality orientation, pet therapy)
  - b. Pharmacotherapy/medical intervention
  - c. Institutionalization
  - d. Community-based services

## **V. Sociology (14%)**

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### **A. The social context for aging — basic perspectives and concepts**

1. Life course perspective: intersection of history, society, and individual biography
2. Age stratification: age-grading of roles, age norms, and socialization
3. Person-environment congruence: implications for housing and services
4. Support systems
  - a. Relationship between formal and informal support
  - b. Types and sources of informal support

### **B. Sources of variation in aging — aging and the life cycle as social constructions**

1. Historical and cross-cultural patterns: the impact of modernization
2. Cohort flow and social change
3. Population subgroups (for example: gender, race and ethnicity, socioeconomic status)

### **C. Housing and community context**

1. Housing and neighborhood quality
  - a. Patterns
  - b. Sources
  - c. Variation (for example: urban, suburban, rural)
2. Friends and neighbors
  - a. Patterns of involvement
  - b. Role in support networks
  - c. Variation (for example: gender, socioeconomic status)
3. Age density of housing: advantages and disadvantages of age-segregated and age-integrated settings
4. Fear of crime and victimization
  - a. Age-related patterns
  - b. Consequences

### **D. Family roles and relationships in later adulthood — patterns and trends**

1. Marital roles, marital satisfaction, and role realignments (for example: empty nest, retirement)
2. Unmarried older persons: widowed, divorced, never married, homosexual
  - a. Trends
  - b. Consequences of unmarried status
  - c. Variations (for example: cohort and gender differences)
3. Sexual interest and activity
  - a. Age and cohort differences
  - b. Normal aging vs. disease processes
4. Extended family
  - a. Intergenerational exchange: patterns of interaction and assistance (for example: informal support, strains of caregiving, elder abuse)
  - b. Historical trends and future projections
  - c. Sources of variation (for example: gender, socioeconomic status, race and ethnicity)
5. Grandparent role

### **E. Other roles and activities — patterns and trends, age and cohort differences, sources of variation (for example: gender, socioeconomic status, health)**

1. Leisure activities and pets
2. Voluntary associations and senior centers
3. Volunteer roles
4. Participation in education
5. Religious involvement

## **VI. Economics, Work, and Retirement (14%)**

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### **A. Income**

1. Sources of and changes in income
2. Comparisons with younger age groups (or example: income levels and sources)

### **B. Consumer patterns**

1. Expenditure patterns
2. Experiences: inflation, fraud
3. Growing private sector interest in older consumers (for example: AoA initiatives, marketplace responses)

### **C. Work**

1. Age-related patterns of work
  - a. Performance
  - b. Attitudes toward work
2. Job prospects and economic realities: retraining, redesign, part-time vs. full-time work, flexible careers
3. Age discrimination
  - a. Sources
  - b. Types
  - c. Legal status

### **D. Retirement**

1. The retirement process — as a role, an event, and a phase of life
2. Decision to retire
  - a. Patterns and trends: individual and societal factors
  - b. Mandatory retirement: status in law and practice
3. Attitudes toward retirement: individual and cultural
4. Individual responses and adjustments to retirement
  - a. Impact on income, housing, morale, health, activity
  - b. Variation by gender, socioeconomic status

5. Retirement income
  - a. Social Security
    - (1) Development, financing, and current status
    - (2) Future issues and proposals
  - b. Private pensions
    - (1) Development
    - (2) Provisions
    - (3) Legislation
6. Preretirement programs
7. Cross-cultural variations in retirement patterns and policies

## **VII. Political Behavior and Public Policy (14%)**

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### **A. Political participation — age and cohort effects**

1. Voting behavior
2. Political identification
3. Political attitudes: conservatism, liberalism, alienation

### **B. Older adult movements**

1. History, background, and impact
2. Advocacy
  - a. National organizations (for example: AARP, NCOA, NCBA, NCSC, Gray Panthers)
  - b. AoA network

### **C. Policies and programs**

1. Major public policies
  - a. Social Security Act of 1935: the three-pronged approach
  - b. Older Americans Act of 1965 and amendments: provisions and results
  - c. Supplemental Security Income (SSI)

2. Health care policy issues
  - a. Medicare and Medicaid
    - (1) Basic elements, coverage
    - (2) Present and future problems
    - (3) Costs and financing
  - b. Long-term care alternatives
3. Housing
  - a. Alternatives (for example: public housing, nonprofit programs, congregate housing, foster homes, day care)
  - b. Factors affecting selection
4. White House Conferences on Aging: 1961, 1971, 1981
5. Private programs (for example: United Way, churches, senior centers, EAP)
6. Factors affecting service delivery and utilization (for example: awareness, availability, responsiveness, staffing)

#### **D. Contemporary policy issues**

1. Age vs. need
2. Intergenerational equity
3. Intergenerational linkages
4. Public vs. private sector approaches
5. Future older adults

## **VIII. Death and Dying (5%)**

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### **A. Issues concerning death and dying**

1. Definitions of death and dying
2. Legal issues
  - a. Patient's right to know
  - b. Options
3. Euthanasia
4. Suicide

### **B. Responses to death and dying**

1. Attitudes of older people toward death
2. Responses of the dying (for example: Kübler-Ross)

### **C. Care for the dying**

1. Quality of life of the dying
2. Roles and responses of the caregiver (for example: family, clergy, physicians, nurses)
3. Respite services for caregivers
4. Care settings for the dying (for example: hospitals, hospice, home)

### **D. Bereavement**

1. Effects of bereavement
  - a. Normal responses
  - b. Abnormal responses
2. Adjustment to bereavement
  - a. Functions of the funeral
  - b. Support networks
3. Sources of variation (for example: individual resources and experiences, nature of death)

### **E. Multicultural perspectives on death and dying**



# Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on pages 16–20 of this guide.

1. Which is the best experimental design for studying the way intelligence varies with age?
  - 1) cross-sectional
  - 2) longitudinal
  - 3) period analysis
  - 4) time series analysis
2. In 1960, a study of parents of children with developmental disabilities was conducted. A gerontological researcher is now planning to study possible personality changes in those parents. What would be an appropriate research methodology for the researcher to employ?
  - 1) cross-sectional design
  - 2) longitudinal design
  - 3) period analysis
  - 4) time series analysis
3. Why is the ratio of males to females in the population over age 65 less than one to one?
  - 1) higher male birthrate
  - 2) higher female birthrate
  - 3) higher male mortality rate
  - 4) higher female mortality rate
4. Which two public systems are facing the greatest pressure from growth in the number and proportion of older people?
  - 1) health care and housing
  - 2) health care and income
  - 3) transportation and housing
  - 4) transportation and education
5. Which variables are used to determine the dependency ratio?
  - 1) older adults and nursing home beds
  - 2) grandparents and grandchildren
  - 3) retirement-age persons and working-age persons
  - 4) old (65+) persons and old-old (85+) persons
6. What do population projections of the baby boom cohort indicate about the future older population?  
The older population will most likely be
  - 1) a smaller percentage of the U.S. population.
  - 2) better educated.
  - 3) less politically active.
  - 4) in worse health.
7. What is the primary reason that the search for universal factors associated with senescence is complicated?
  - 1) Aging is variable.
  - 2) Older people die before studies are completed.
  - 3) Funds for research on aging are limited.
  - 4) Gerontologists are unable to agree on a definition of senescence.
8. Which is a criterion for differentiating between biological aging and other biological processes, such as disease?
  - 1) Aging will occur in most members of a species.
  - 2) Aging may have both positive and negative effects on physical functioning.
  - 3) A functional change affects older adults more than it affects persons in other age groups.
  - 4) Aging comes from within the body rather than from outside environmental factors.
9. Based on the free radical theory of aging, what would be an appropriate behavior that might increase one's life expectancy?
  - 1) Exercise for 45 minutes at least three times a week.
  - 2) Eat foods rich in antioxidants.
  - 3) Eat a low-calorie, high-protein diet.
  - 4) Do nothing. Life expectancy is determined through genetic programming.

10. Which procedure would best minimize the negative effects associated with relocating an older person from one nursing home to another?
  - 1) Involve the person in planning the move.
  - 2) Accomplish the relocation as quickly as possible.
  - 3) Ensure that the new nursing home differs substantially from the old one.
  - 4) Anticipate the person's needs and make decisions accordingly.
11. Which finding resulted from research on older people's response time for complex tasks? Older people
  - 1) process stimuli quickly.
  - 2) can no longer perform complex tasks.
  - 3) use trial and error to solve timed complex tasks.
  - 4) use strategies to help them perform complex tasks.
12. Erikson's psychosocial stage of ego integrity versus despair most closely corresponds to which of Levinson's developmental stages?
  - 1) early adult transition
  - 2) midlife transition
  - 3) middle adulthood
  - 4) late adulthood
13. Which theory suggests that older people who have low levels of social activity have a high degree of life satisfaction?
  - 1) activity
  - 2) age stratification
  - 3) disengagement
  - 4) exchange
14. An older person with a chronic mental disorder enters the mental health system. Which type of treatment will the person most likely receive?
  - 1) medication
  - 2) psychotherapy
  - 3) group therapy
  - 4) nutritional modification
15. Which term represents the idea that older people from historically underrepresented groups experience discrimination on the basis of age and race?
  - 1) age stratification
  - 2) double jeopardy
  - 3) ethnocentrism
  - 4) new ageism
16. Which best explains why people move to retirement communities?
  - 1) development of a major disability
  - 2) desire for low-cost housing
  - 3) easy access to public transportation
  - 4) interest in age-homogeneous settings
17. Which view does the concept of an extended family emphasize? Older people
  - 1) develop family-like ties with friends and neighbors.
  - 2) live near and interact regularly with family members.
  - 3) seldom see or receive assistance from their children.
  - 4) wish to live with their children during widowhood.
18. Which is most likely to show a decline immediately after retirement?
  - 1) community involvement
  - 2) family relationships
  - 3) health
  - 4) income
19. Which is the main function of retirement in the United States?
  - 1) reducing the workforce
  - 2) rewarding people for service rendered
  - 3) supporting people too old for employment
  - 4) supporting people physically unable to hold jobs

20. Which pattern of political participation by older people is accurate?

Older people

- 1) are less likely to hold opinions on current national issues than their younger counterparts.
- 2) become politically conservative with age and tend to vote Republican.
- 3) are underrepresented among those holding political office.
- 4) are more likely to vote than their younger counterparts.

21. What is the major reason why the Supplemental Security Income (SSI) program is underutilized?

- 1) There is too much red tape involved in the income eligibility verification process.
- 2) SSI eligibility requirements vary from state to state.
- 3) The older cohort is unwilling to participate in entitlement programs.
- 4) Many older people are not aware that they are eligible for SSI benefits.

22. Which was the first federal legislation to address the needs of the aged?

- 1) Age Discrimination in Employment Act
- 2) Older Americans Act
- 3) Social Security Act
- 4) Medicare Health Insurance Program

23. Which statement accurately compares the Medicare and Medicaid programs?

- 1) Medicare is the main source of payment for nursing home costs; Medicaid pays for nursing home costs in only a small number of cases.
- 2) Medicare is an age-based program; Medicaid is a needs-based program.
- 3) Medicare is financed by general tax revenues; Medicaid is financed by the Social Security trust fund.
- 4) Medicare does not require the insured to pay a significant amount for co-insurance and deductibles; Medicaid requires the insured to pay.

24. Which of the following federal programs requires a means test?

- 1) Medicare
- 2) Retired Senior Volunteer Program
- 3) Social Security
- 4) Supplemental Security Income

25. In Kübler-Ross's theory of dying, which stage is characterized by a sense of loss?

- 1) anger
- 2) bargaining
- 3) denial
- 4) depression

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## Recommended Resources

Atchley, R.C. (2000). *Social forces and aging: An introduction to social gerontology* (9th ed.). Belmont, CA: Wadsworth.

Cox, H. (2000). *Later life: The realities of aging* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

## Additional Resources

DiGiovanna, A.G. (2000). *Human aging: Biological perspectives* (2nd ed.). New York: McGraw-Hill.

*Growing old in a new age.* A video series with study guide.

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# Rationales for Sample Questions

## 1.(IE)

- 1) In a cross-sectional design, different age groups are compared at the same time on the variable of interest. A cross-sectional analysis does not account for the numerous period and cohort differences that exist when intelligence is measured in persons of different ages.
- \*2) A longitudinal design is best for studying the way intelligence varies with age. In a longitudinal design, a single cohort is measured periodically over a number of years. This analysis provides information about changes that occur with age.**
- 3) In period analysis, there is no way to measure intelligence. Period analysis is used to determine how historical events that took place in a person's life influenced the person.
- 4) In a time series analysis, two or more cross-sectional comparisons are made at different times of testing (See 1).

## 2.(IE)

- 1) A cross-sectional design studies various groups of people and measures specific parameters of all groups at the same time. There is no measurement taken at a later time.
- \*2) A longitudinal design specifies a group of persons whose parameters are measured repeatedly over a period of time to eliminate the effects caused by such factors as the time when the person grew up or the education they received.**
- 3) A period analysis looks at the effects of the historical period on a person when that person was a particular age.
- 4) A time series analysis examines several cross-sectional analyses done at different time periods.

## 3.(IIB1)

- 1) Birthrates are not the deciding factor in the sex ratio.
- 2) See 1.
- \*3) Males have a higher mortality than females at all ages in part for genetic reasons and in part for environmental and societal reasons.**
- 4) The mortality rate for females is lower than for males at every age.

## 4.(IIB3)

- 1) Although health care is an area facing great pressure, the number of older people in the United States needing special housing is small. Over 20 million older adults live in their own homes.
- \*2) Health care and income are the public systems facing the greatest pressure from growth in the population of older people. Census data shows that one out of every eight people in the United States is over the age of 65. As people age, their health needs increase at the same time that typical annual income declines by 30 to 50 percent following retirement.**
- 3) Although transportation may be a problem for some groups of older people, for most older adults transportation is not an area facing great pressure. Housing is not a great problem since most older people live in their own homes.
- 4) Transportation and education are not areas facing great pressure. Most older adults live in their own homes. Although more older adults are continuing some form of lifelong learning today than ever before, it is still primarily younger groups who are engaged in full-time educational pursuits.

\*correct answer

5.(IIA2)

- 1) See 3).
- 2) See 3).

**\*3) The dependency ratio is defined as the number or proportion of retirement-age persons divided by the number or proportion of working-age persons.**

- 4) See 3).

6.(IIC)

- 1) The decline in birthrates and death rates will lead to an increase in the number of persons alive.
- \*2) As jobs require more technical training, more people will complete high school.**
- 3) Political activity remains high from middle age well into older age.
- 4) The health status of older persons has improved over time, not worsened.

7.(IIIA)

- \*1) Manifestations of aging are the result of an individual's genetics and the environment in which the individual grows and develops. Since there is essentially an infinite number of combinations resulting from this interaction, the outcome of the aging process is highly variable among different persons.**
- 2) Older people are living longer and larger numbers are available for studies. As life expectancy continues to increase and greater numbers of people live to older ages, there is likely to be a continued increase in the number of older persons who can be studied.
- 3) Although funding for research is highly competitive, significant amounts of money have been allocated over the years to areas of research on aging, particularly for biomedical research.
- 4) Senescence, or normal aging, refers to the time-related biological processes that affect all persons. There is no general disagreement regarding this definition.

8.(IIIA4)

- 1) The aging process affects all members of a species.
- 2) Aging has a negative effect on an organism, whereas the positive effects are the result of the growth or developmental phase.
- 3) Functional changes affect persons of all ages.
- \*4) Aging is an internally controlled process, not something that is dependent upon some factor in the environment.**

9.(IIIC3/IIIH1)

- 1) Free radicals are unstable oxygen molecules that are produced more rapidly with exercise and have the potential to damage the body.
- \*2) Antioxidants will reduce the number and activity of the free radicals and may have an impact on life expectancy.**
- 3) A low-calorie, high-protein diet will do nothing to alter the production of free radicals or their effects in the body.
- 4) Life expectancy is determined in part by genetics with a major component that is environmental.

10.(III-I)

- \*1) A person who is involved in the planning is more likely to feel in control and more likely to experience fewer negative effects.**
- 2) The speed with which the relocation is accomplished is not important.
- 3) Similarities and differences between the facilities may affect the reaction to the move and can be either positive or negative.
- 4) Even if the person's needs are anticipated and met, the critical issue is the degree of involvement of the older person.

**\*correct answer**

### 11.(IVA)

- 1) Stimuli are processed more slowly as the nerve conduction velocity decreases, synaptic delay increases, and muscle contraction time lengthens.
- 2) Complex tasks may be performed differently, but unless there is disease or a disability, the older person can still perform complex tasks.
- 3) Trial and error is a method used by younger persons and typically takes longer to accomplish the complex task.
- \*4) Strategies help the person who is older to shortcut the complex task and perform the task more effectively and efficiently.**

### 12.(IVB3)

- 1) In early adult transition, Erikson would suggest, the main issue is the development of intimacy versus isolation.
- 2) During midlife transition, the person is preparing for the generativity versus stagnation issues that Erikson identified.
- 3) During middle adulthood transition, the issue for Erikson is generativity versus stagnation; generativity is the ability to support others, especially persons who are older as well as making a contribution to the larger world.
- \*4) In late adulthood, the issue for Erikson is ego integrity versus despair, that is, when one sees one's life as having meaning or not.**

### 13.(IVC2)

- 1) Activity theory suggests that people who maintain high levels of activity have a high degree of satisfaction with their lives.
- 2) In age stratification theory, the population is divided into age-based categories (for example, youth, adulthood, middle age, and old age). This theory does not offer suggestions on any aspect of life satisfaction in aging.
- \*3) Disengagement theory suggests that it is natural for people who are older to gradually withdraw from society and for society to withdraw from people who are older. Since this is an expectation on both sides, the person whose life activities decrease perceives this as a normal and a positive situation, and therefore, experiences a high degree of satisfaction.**
- 4) Exchange theory suggests that people try to maximize rewards and minimize costs in their interactions with other people.

### 14.(IVD3)

- \*1) Medication is often seen as the only means one has of dealing with this issue in an older person.**
- 2) Psychotherapy may be effective but is not often considered because it is long term.
- 3) Group therapy is not necessarily going to be effective for a chronic mental disorder.
- 4) Nutritional modification has very little impact on a chronic mental disorder.

### 15.(VB3)

- 1) Age stratification is the division of the population into age-based categories (for example, youth, adulthood, middle age, and old age).
- \*2) Double jeopardy refers to the limitations imposed upon individuals by being a member of a historically underrepresented group and by being old. Race and ethnicity are powerful determinants of the quality of life in old age.**
- 3) Ethnocentrism is an anthropological concept suggesting that one cultural or ethnic group is inherently better than another.
- 4) New ageism is a term that stereotypes older people as needing assistance.

### 16.(VC)

- 1) Disabilities may have an impact on whether a person continues to work but do not contribute to a move to a retirement community.
- 2) Retirement communities are not necessarily low-cost housing. If they have services attached, they may be more expensive than stand-alone housing.
- 3) Public transportation is generally not an issue.
- \*4) Retirement communities tend to be homogeneous and for many persons, this is a very attractive feature that few other housing options offer.**

**\*correct answer**



17.(VD4)

- 1) An extended family does not include friends or neighbors.
- \*2) In an extended family, family members over several generations or with several different levels of relationship (aunts, uncles, brothers, sisters, etc.) interact with each other and provide reciprocal services as needed. The interactions are mutually beneficial and take place on a frequent basis because the members of the family live near each other.**
- 3) Just the opposite is true. Older people enjoy their frequent interactions with adult children and may play a significant role in the lives of their grandchildren. It is also true that older people may provide just as much support to their adult children as they receive.
- 4) The overwhelming preference of older adults is to live in their own homes. Living independently, even in widowhood, is extremely important.

18.(VID5)

- 1) Community involvement is something that is a part of the person's life history. For some, involvement may rise with retirement when there is more time to be involved.
- 2) Family relationships may be enhanced with the additional time.
- 3) Health does not fail in those who retire in good health.
- \*4) Income generally drops 40% or more for all but the most wealthy of persons who retire.**

19.VID2)

- \*1) Retirement was designed to reduce the number of older workers in the workforce during the Depression. It is still used as a way to reduce workforce participant numbers.**
- 2) General retirement programs are established to move persons out of the workforce regardless of whether or not they did a good job.
- 3) Persons who retire are not too old to work. Many persons resume working after retiring.
- 4) Disability insurance, not retirement programs covers persons who can no longer work due to physical disorders.

20.(VIA)

- 1) Studies suggest that persons who are older are slightly more likely to hold an opinion about a current policy issue than are persons who are younger.
- 2) There does not appear to be a shift from one party to another as persons age, nor is there necessarily a move toward becoming more conservative.
- 3) With more time and more experience, persons who are older may be a larger percentage of the persons holding office, not a smaller percentage.
- \*4) Persons who are older do vote more regularly than do persons who are younger.**

21.(VIIC1)

- 1) Red tape, although an issue, is not a major problem for most persons who receive SSI benefits.
- 2) The income level is set at the federal level, so there is no state-to-state variation.
- 3) Although there is a reluctance to accept help in any form, this is not the major reason for fewer people applying for SSI than are entitled to receive it.
- \*4) SSI is not well publicized and many people do not know it exists or that it is something for which they might be eligible.**

22.(VIIC1a)

- 1) The Age Discrimination in Employment Act was passed in 1967.
- 2) The Older Americans Act was passed in 1965.
- \*3) The Social Security Act was passed in 1935.**
- 4) The Medicare Health Insurance Program was passed as an amendment to Social Security in 1965.

\*correct answer

23.(VIIC2)

- 1) Medicaid pays for far more nursing home care than does Medicare. Medicare has a severe limit on payments for this form of extended care.
- \*2) Medicare begins at 65 while Medicaid is available to persons who meet various income guidelines regardless of their age.**
- 3) The Social Security Trust Fund finances the Medicare program; Medicaid is paid for from general tax revenues.
- 4) Medicaid requires no co-payment; Medicare does require a co-payment.

24.(VIID1)

- 1) Medicare is an entitlement program that is based only on the age of the individual.
- 2) Senior Nutrition Program provides nutritious low-cost meals for senior citizens. The program also provides companionship when done in a congregate setting. No set price is charged; a voluntary donation is requested. The only requirement is to be 60 or over, or have a spouse over 60.
- 3) Social Security is an entitlement program. People must work and pay taxes into Social Security to get benefits. Most people need 10 years of work to qualify for Social Security benefits.
- \*4) Supplemental Security Income (SSI) is a federal program of public assistance to older people. All SSI applicants have to demonstrate that their income from other sources falls below the prescribed minimum in order to qualify. This is a means test.**

25.(VIIB2)

- 1) Anger is the second stage in Kübler-Ross's theory in which the dying person recognizes that denial can no longer be maintained. The issue now becomes "Why me?" and anger, resentment, and rage may be expressed directly.
- 2) Bargaining is the third stage in which the person hopes that death can be postponed or delayed. The person negotiates, often with God, to try to delay death for some period of time.
- 3) Denial is the first stage in which the person is completely unwilling to accept that he or she is going to die. The person's reaction is, "It simply is not going to happen. Someone has made a mistake."
- \*4) Depression is part of the fourth stage in which the person mourns her or his death and feels a sense of loss. This period of depression helps the person who is dying to accept the certainty of death.**

**\*correct answer**

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